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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU020353
First Named Inventor	Maxim Borisovich Belotserkovsky
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	N/A
Examiner Name	N/A

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: _____

METHOD AND APPARATUS FOR EXTRACTING THE PHASE OF AN ORTHOGONAL FREQUENCY DIVISION MULTIPLEXING (OFDM) SIGNAL SAMPLE

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) 07/31/2002 as United States Application Number or PCT International

Application Number PCT/US02/24263 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application which designated at least one country other than the United States of America, for which priority is claimed.

application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not-Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

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PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	JOSEPH S. TRIPOLI		
Address	THOMSON MULTIMEDIA LICENSING INC.		
Address	P. O. BOX 5312		
City PRINCETON	State NJ	ZIP 08543-5312	Fax
Country USA	Telephone (609) 734 - 9443	(609) 734 - 9700	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name MAXIM BORISOVICH	Family Name <u>BELOTSERKOVSKY</u> or Surname		
Inventor's Signature <i>M. Belli</i>	Date <u>01/29/02</u>		
Residence: City INDIANAPOLIS	State IN	Country USA	Citizenship US
Mailing Address <u>9307 Aintree Drive</u>			
Mailing Address			
City INDIANAPOLIS	State INDIANA	ZIP 46250	Country USA

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name VINCENT	Family Name <u>DEMOULIN</u> or Surname		
Inventor's Signature	Date		
Residence: City PLEUMELEUC	State	Country FRANCE	Citizenship FRANCE
Mailing Address <u>2, rue de Clayes</u>			
Mailing Address			
City PLEUMELEUC	State	ZIP 35137	Country FRANCE

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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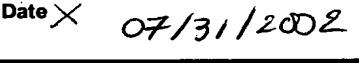
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Address	THOMSON MULTIMEDIA LICENSING INC.		
Address	P. O. BOX 5312		
City PRINCETON	State NJ	ZIP 08543-5312	
Country USA	Telephone (609) 734 - 9443	Fax (609) 734 - 9700	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name MAXIM BORISOVICH		Family Name BELOTSERKOVSKY or Surname	
Inventor's Signature		Date	
Residence: City INDIANAPOLIS	State IN	Country USA	Citizenship US
Mailing Address 9307 Aintree Drive			
Mailing Address			
City INDIANAPOLIS	State INDIANA	ZIP 46250	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>VINCENT</u>		Family Name <u>DEMOULIN</u> or Surname	
Inventor's Signature 	Date  07/31/2002		
Residence: City PLEUMELEUC	State	Country FRANCE	Citizenship FRANCE
Mailing Address 2, rue de Clayes			
Mailing Address			
City PLEUMELEUC	State	ZIP 35137	Country FRANCE
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
LOUIS ROBERT <i>John Paul Louis P</i>		LITWIN <i>X 10-30-02</i>		
Inventor's Signature		Date		
Residence: City	Plainsboro	State	New Jersey <i>NJ</i>	Country
			USA	Citizenship
Mailing Address 34-14 Quail Ridge Drive				
Mailing Address				
City	Plainsboro	State	New Jersey	ZIP 08536
				Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Citizenship
Mailing Address				
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City		State	Zip	Country

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Maxim Borisovich Belotserkovsky
Title	Extracting the Phase
Art Unit	of an OFDM Signal Sample
Examiner Name	
Attorney Docket Number	PU020353

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

24498

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.			
Address	Patent Operations, P.O. Box 5312			
City	Princeton	State	NJ	Zip 08543-5312
Country	USA			
Telephone	609-734-6823	Fax	609-734-6888	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11/28/05
Name	Jeffrey M. Navon, Reg. No. 32,711	Telephone	609-734-6823
Title and Company	Sr. Patent Counsel		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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We,

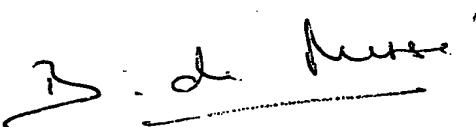
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F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.


SIGNED

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THOMSON LICENSING S.A.

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F-92100 Boulogne-Billancourt
France

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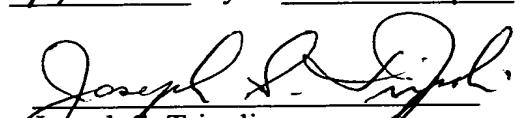
Joseph J. Laks - Vice President
Irwin M. Krittman - Vice President
Harvey D. Fried - Manager
Ronald H. Kurdyla - Manager
Robert D. Shedd - Manager

*Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540*

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DATED this 17th day of March, 2004.

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Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

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France

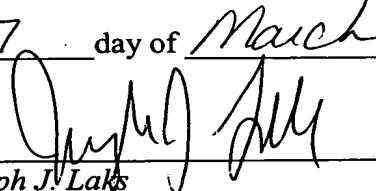
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Vincent E. Duffy
Patent Counsel
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

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DATED this 17 day of March, 2004.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS


Dauda Fornarotto

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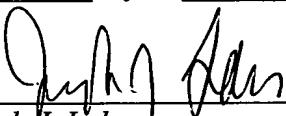
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Jeffrey M. Navon
Sr. Patent Counsel
Thomson Licensing Inc.
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Princeton, New Jersey 08540

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SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS


David Fornacotto